

SUPERVISED PRACTICE PROGRAM APPLICATION

All information on this application must be typed.

Date _____

Name _____
(Last) (First) (Middle or Maiden)

Present Address _____
(Street) (Apt #)

(City) (State) (Zip Code) () (Phone)

Permanent Address

(Street) (Apt #)

(City) (State) (Zip Code) () (Phone)

Telephone number where you can be reached on day of appointment ()
Area Code

Social Security Number _____

Foreign Applicants: Designate Immigration Status _____ Expiration Date: _____

Supervised Practice Entrance Date Preferred _____

Full-Time _____ or Part-Time (if applicable) _____

Actual or Expected Date Baccalaureate Degree Will Be/Was Conferred _____

Actual or Expected Date Didactic Program in Dietetics (DPD) Requirements Will Be Completed _____

Education: List all colleges and universities attended, with most recent listed first.

<u>School</u>	<u>Address (City/State)</u>	<u>Dates</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Recommendations: List the names of all individuals who will complete your recommendation forms.

Name

Title

Address

Phone

Extracurricular/Volunteer Activities: List memberships (specify year(s) of membership), appointed or elected offices you held in organizations. Volunteer activities not related to dietetics.

Honors: List scholarships and honors received.

Graduate Record Exam Score: Date _____
(if applicable) Taken _____ Verbal _____ Quantitative _____ Analytical _____

Undergraduate Coursework:

Cumulative grade point average based on 4.0 system _____

Grade Point Average for DPD course work based on 4.0 system _____

Paid work experience in the past 5 years (you may include work experience in the past 10 years if applicable to your situation):
 List paid work experience beginning with the most recent experience. Do not list experiences that were part of required practicum/field experience. Briefly describe responsibilities.

<u>Organization Name</u> <u>City/State</u>	<u>Position,</u> <u>Title</u>	<u>Inclusive Dates</u> <u>(Mo/Yr)</u>	<u>Hrs/Wk</u>	<u>Name and Title of Supervisor/Phone #</u>
1.				
Key Responsibilities				
2.				
Key Responsibilities				
3.				
Key Responsibilities				
4.				
Key Responsibilities				
5.				
Key Responsibilities				

Use additional pages as needed.

Volunteer experience related to dietetics in the past 5 years: List volunteer experience related to dietetics, beginning with most recent experience.

<u>Organization Name</u> <u>City/State</u>	<u>Position,</u> <u>Title</u>	<u>Inclusive Dates</u> <u>(Mo/Yr)</u>	<u>Hrs/Wk</u>	<u>Name and Title of Supervisor/Phone #</u>
---	----------------------------------	--	---------------	---

1.

Key Responsibilities

2.

Key Responsibilities

3.

Key Responsibilities

4.

Key Responsibilities

5.

Key Responsibilities

Use additional pages as needed.

Instructions for completion of course work section of application:

1. List all course work completed under each category on the following pages. For each category identify those courses completed as part of Didactic Program in Dietetics (DPD) requirements followed by additional courses that may have been completed in that category.
2. List courses in chronological order (oldest to most recent).
3. Convert all grade point scales to A=4 points if your college or university utilizes a different point scale.
4. Convert all course units to the same system (quarter or semester) if you have completed courses in both systems.
5. For repeated courses, list both grades earned but use only higher grade to calculate overall GPA for that category.

For example:

Chemistry 000 Fall/96	4 credits	F	—
Chemistry 000 Spring/97	4 credits	B	12

6. Do not list additional course work completed to meet degree requirements or course work completed for previous majors/degrees that does not fit into one of the categories.

Professional Courses: (Include all courses in foods, nutrition, community nutrition, nutrition education, nutrition counseling, nutrition and disease, foodservice systems, management, computer courses, etc.). Use additional pages as needed. Identify with a (X) if courses included a lab or practicum component.

Courses to Meet DPD Requirements

[illegible]

Additional Courses completed:

[illegible]

Totals	Credits	Grade Points Earned
--------	---------	---------------------------

Grade point average in above courses (divide grade points earned by no. of credits):

Physical, Biological Sciences, Mathematics: (Include all science courses, chemistry, physiology, microbiology, anatomy, biochemistry, mathematics, statistics, etc.)

Courses to Meet DPD Requirements

[illegible]

Additional Courses Completed

[illegible]

Totals	Credits	Grade Points Earned
--------	---------	---------------------------

Grade point average in above courses (divide grade points earned by no. of credits):

Behavioral and Social Sciences: (Include all courses such as sociology, psychology, anthropology, economics, political science, etc.)

Courses to Meet DPD Requirements

College or University	Course Title	Course No.	Term & Year	No. of Credits	Grade Earned	Grade Points Earned

Additional Courses Completed

College or University	Course Title	Course No.	Term & Year	No. of Credits	Grade Earned	Grade Points Earned

Totals	Credits	Grade Points Earned
	_____	_____

Grade point average in above courses (divide grade points earned by no. of credits): _____

Communication Courses: (Include all courses in writing, speech, foreign language, etc.)

Courses to Meet DPD Requirements

College or University	Course Title	Course No.	Term & Year	No. of Credits	Grade Earned	Grade Points Earned

Additional Courses Completed

College or University	Course Title	Course No.	Term & Year	No. of Credits	Grade Earned	Grade Points Earned

Totals	Credits	Grade Points Earned
	_____	_____

Grade point average in above courses (divide grade points earned by no. of credits): _____

I certify that the information that I have provided in this application is true and accurate and recognize that any false or incorrect statements made herein will be grounds for my dismissal from the program. I understand that I must provide an original copy of a signed Verification Statement substantiating completion of ADA-approved academic requirements as a part of this application or prior to enrollment.

Date _____

Signature _____

RECOMMENDATION FORM

To the applicant: Please complete the following:

Name: _____ **Date of Graduation:** _____
(last, first, middle or maiden)

The applicant should sign and date one of the following statements:

- 1) I wish to have access to this letter and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant's Signature _____ Date _____

- 2) I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature _____ Date _____

RECOMMENDATION FORM

Name: _____

Date of Graduation: _____

Please rate the applicant on the qualities that you feel you can judge on the grid below. Provide narrative discussion of ratings on page 2.

O - outstanding, MS - more than satisfactory,
SAT - satisfactory, NI - needs improvement, U - unsatisfactory
NO - not observed or no basis for judgment

	O	MS	SAT	NI	U	NO
Application of Knowledge						
Nutrition Care						
Foodservice Management						
Analytical Skills/Problem Solving						
Conceptual Skills						
Communication Skills						
Oral						
Written						
Interpersonal Skills						
Peers/Co-Workers						
Teachers/Supervisors						
Leadership Potential						
Initiative						
Adaptability						
Reaction to Stress						
Motivation						
Creativity						
Forethought						
Works Independently						
Responsibility/Maturity						
Overall Potential as a Dietitian						

Relationship to Applicant: _____ Advisor _____ Teacher _____ Work Supervisor

_____ **Other: Please Indicate** _____

How long have you known applicant? _____

How well do you know applicant? _____

Do You:	Highly Recommend	Recommend	Not Recommend
(Circle appropriate #)	5	4	3
		2	1

Additional Information: Use to amplify or add to characteristics rated on page 1.
Please indicate applicant's strengths and those qualities that require further development. (May attach a separate sheet/letter)

Strengths:

Qualities that Require Further Development:

Name (please print or type) _____

Signature _____ **Date** _____

Position _____

Place of Employment _____

Address _____

Phone _____